Subject: Studies in the News: (October 31, 2008)

Studies in the News for

California Department of Mental Health

Introduction to Studies in the News

Studies in the News (SITN): California Department of Mental is a service provided to the Department of Mental Health by the California State Library. This service features articles focusing on mental health issues. Prior lists can be viewed from the California State Library's Web site at California State Library - Studies in the News

How to Obtain Materials Listed in SITN:

- When available on the Internet, the URL for the full-text of each item is provided.
- **California State Employees** may contact the Information Resources and Government Publications (916-654-0206; cslinfo@library.ca.gov) with the SITN issue date and title of article.
- All other interested individuals should contact their local library-the items may be available there, or may be borrowed by your local library on your behalf.

The following are the Subject Headings included in this issue:

NEWPODCASTS

CHILDREN AND ADOLESCENT MENTAL HEALTH

"The Occurrence and Nature of Early Signs of Schizophrenia and Psychotic Mood Disorders among Former Child and Adolescent Psychiatric Patients Followed into Adulthood." By Ulf Engqvist, Karolinska University Hospital, and Per-Anders Rydelius, Mid-Sweden University. IN: Child and Adolescent Psychiatry and Mental Health, vol. 2 no. 30 (October 17, 2008) pp. 1-39.

["This investigation was designed to characterize psychotic disorders among patients originally treated as in- and outpatients by child and adolescent psychiatric services and subsequently followed-up into mid-adulthood. The age at the first onset on symptoms, possible changes in diagnoses, early signs noted prior to or upon admission to child and adolescent psychiatric care and possible differences between patients with early- and later- onset disorder were of particular interest.

The study population consisted of patients (285 in- and 1115 outpatients) born between 1957 and 1976 and admitted to and treated by child and adolescent psychiatric care units in Jämtland County, Sweden, between 1975 and 1990….

It appears that psychotic disorders are relatively uncommon among patients admitted to child and adolescent psychiatric care in Sweden. However, individuals experiencing early onset of disorders categorized as "F20-29: Schizophrenia, schizotypal and delusional disorders" may already exhibit typical symptoms upon admission to child and adolescent psychiatric care of the age of 13- 17; whereas late-onset disorders it appear not be associated with any obvious signs or symptoms years before the disorder has developed fully. Finally, certain cases of psychotic disorder during adolescence seem to have been episodic."]

Full text at: http://www.capmh.com/content/pdf/1753-2000-2-30.pdf

"A Comparison of Clinician, Youth, and Parent Beliefs about Helpfulness of Interventions for Early Psychosis." By Anthony F. Jorm and others, University of Melbourne. IN: Psychiatric Services, vol. 59, no. 10 (October 2008) pp. 1115-1120.

[" This study explored whether there are gaps between the beliefs of clinicians and those of young people and their parents about the appropriate interventions for early psychosis. *Methods:* Postal surveys of 105 Australian general practitioners, 155 psychiatrists, 183 psychologists, and 106 mental health nurses asked about the likely helpfulness of a wide range of potential interventions, covering helping professions, medications, psychological interventions, complementary interventions, and self-help. The results from these clinicians were compared with data from a national telephone survey of 968 Australian youths (ages 12–25 years) and 531 of their parents. *Results:* Young people and their parents were less likely than the clinicians to endorse the helpfulness of seeing a psychiatrist, using mental health services, and taking antipsychotic medication. On the other hand, young people and their parents were more likely to endorse informal social supports, generic counseling, and general stress reduction methods. *Conclusions:* The gap in intervention beliefs may be a contributor to delays in seeking professional help and adherence to treatment. Efforts are needed to improve public knowledge about psychosis treatment and to change mental health services so that they better meet consumer expectations."]

Full text at: http://ps.psychiatryonline.org/cgi/reprint/59/10/1115

"Teens Prefer Online for Health Advice." By Lauren Barack, School Library Journal. (October 28, 2008) pp 1-1.

["Like nearly everything else in their lives, teens and young adults turn to the Internet for details about health, sexuality, and wellness rather than traditional hotlines, according to a new survey (Study can be obtained from clicking on the new survey link provided) from Ypulse.

The online youth-oriented media group Ypulse sponsored the poll, along with the health education nonprofit ISIS, and grassroots resource organization YouthNoise, as part of its ongoing effort to create a Web-based application where teens can go when they have questions about their bodies.

It's what young adults already appear to be doing—just going to many different places, rather than one spot. In the poll, more than 50 percent of the 1,600 surveyed who fall between the ages of 13 and 24 admitted to posting anonymous questions on message boards about STDs, or clicking on health site WebMD for questions about HIV, for example, as opposed to picking up the phone and speaking to a professional."]

Full text at:
http://www.schoollibraryjournal.com/article/CA6608871.html?nid=2413&rid=reg_visitor_id&source=title&

CULTURAL COMPETENCE AND DIVERSITY

"Using Non-Feature Films to Teach Diversity, Cultural Competence, and the DSM-IV-TR Outline for Cultural Formulation." By Russell F. Lim, University of California, Davis, and others. IN: Academic Psychiatry, vol. 32, no. 4 (July-August 2008) pp. 291-2988.

["Feature films have been used for teaching in psychiatry for many years to demonstrate diagnoses, but the use of documentary and instructional films in resident and staff cultural competence training have not been extensively written about in the medical and psychological literature. This article will describe the films that have been used by the authors and suggest methods for their use in cultural competence and diversity training. A literature search was done using MEDLINE and PsychINFO and the authors were asked to describe their teaching methods. One article was found detailing the use of videotapes as a stimulus but not for cultural competence education, and two articles were found documenting the use of The Color of Fear as a stimulus for the discussion of racism. However, many educators use these films all across the country for the purpose of opening discussion about racism. CONCLUSION: Documentary, instructional, and

public service announcements can be useful in teaching culturally competent assessment and treatment."]

Full text at: http://ap.psychiatryonline.org/cgi/reprint/32/4/291

DISPARITIES

"Antidepressant Use in Black and White Populations in the United States." By Hector M. Gonzalez, Wayne State University, and others. IN: Psychiatric Services, vol. 59, no. 10 (October 2008) pp. 1131-1138.

["Mental disorders are leading causes of disability in theUnited States (1). Antidepressant medications are a mainstay of treatment for depressive and anxiety disorders (2). However, many people, particularly those in racial and ethnic minority groups, do not receive effective treatment (3–5). Substantial racial and ethnic differences in access to and quality of mental health care have been reported, including antidepressant pharmacotherapy (6–10), and the general under treatment of mental disorders is even greater for black Americans (11). Previous reports have indicated that less than half of black Americans with depressive conditions were prescribed antidepressants compared with about two-thirds of white Americans (5, 12). These differences in mental health care may contribute to the persistence and severity of mental disorders and the burden of nonlethal suicidality among black Americans (13,14). Understanding some of the reasons for the racial and ethnic differences in antidepressant use could inform methods for improving access to mental health care."]

Full text at: http://psychservices.psychiatryonline.org/cgi/reprint/59/10/1131

"Language Spoken and Differences in Health Status, Access to Care, and Receipt of Preventive Services among US Hispanics." By C. Annette Dubard and Ziya Gizilice, University of North Carolina, Chapel Hill. IN: American Journal of Public Health, vol. 98, no. 11 (November 2008) pp. 2021-2028.

["We examined self-reported health status, health behaviors, access to care, and use of preventive services of the US Hispanic adult population to identify language-associated disparities.

We analyzed 2003 to 2005 Behavioral Risk Factor Surveillance System data from 45 076 Hispanic adults in 23 states, who represented 90% of the US Hispanic population, and compared 25 health indicators between Spanish-speaking Hispanics and English-speaking Hispanics.

Physical activity and rates of chronic disease, obesity, and smoking were significantly lower among Spanish-speaking Hispanics than among English-speaking Hispanics.

Spanish-speaking Hispanics reported far worse health status and access to care than did English-speaking Hispanics (39% vs 17% in fair or poor health, 55% vs 23% uninsured, and 58% vs 29% without a personal doctor) and received less preventive care. Adjustment for demographic and socioeconomic factors did not mitigate the influence of language on these health indicators.

Spanish-language preference marks a particularly vulnerable subpopulation of US Hispanics who have less access to care and use of preventive services. Priority areas for Spanish-speaking adults include maintenance of healthy behaviors, promotion of physical activity and preventive health care, and increased access to care. "]

Full text at: http://www.ajph.org/cgi/reprint/98/11/2021

State Efforts to Address the Healthy People 2010 Goal to Eliminate Health Disparities: Two Case Studies. By Leslie Jackson Conwell and others, Mathematica Policy Research, Inc. Report. (Mathematica, Washington, D. C.) September 29, 2008. 47 p.

["With the launch of *Healthy People 2010*, the United States for the first time identified eliminating health disparities as one of two overarching national goals, along with increasing the quality and years of healthy life (*Healthy People 2010*). *Healthy People 2010* has 467 objectives in 28 health focus areas related to the physical and social environment, health behavior, and access to health care services. *Healthy People* also identified a set of 10 Leading Health Indicators (LHIs) that "reflect the major public health concerns in the United States and were chosen based on their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues" (Leading Health Indicators). The LHIs correspond to 22 of the *Healthy People 2010* objectives, thus providing a snapshot of the nation's health and its progress towards the meeting *2010* goals and objectives. Many states have incorporated *Healthy People* and the LHIs into their public health strategies as part of assessing health status, one of the three core functions of public health, along with policy development and service assurance (Public Health Functions Steering Committee 1994). Since 2003, at least half of the states have published state-level *Healthy People* reports online, although "…often these reports do not cover all LHIs, but rather focus on the state's assessment of its own priorities" (Dodd et al. 2007). It is not clear exactly how many states have tackled the *Healthy People* goal of eliminating health disparities because this has not been analyzed systematically."]

Full text at: http://www.mathematica-mpr.com/publications/pdfs/healthypeople2010.pdf

Related article: **Racial and Ethnic Disparities in Health Care. (November 2006)**
Full text at:
http://home.fmhi.usf.edu/common/file/racial%20and%20ethnic%20disparities.pdf

Related article: **A State Policy Agenda to Eliminate Racial and Ethnic Health Disparities. (June 2004)**
Full text at:
http://www.cmwf.org/programs/minority/mcdonough_statepolicyagenda_746.pdf

EVIDENCE-BASED PRACTICE

"A Measurement Feedback System (MFS) is Necessary to Improve Mental Health Outcomes." By Leonard Bickman, Vanderbilt University. IN: Journal of the American Academy of Child & Adolescent Psychiatry, vol. 47, no. 10 (October 2008) pp. 1114-1119.

["This article takes the position that mental health (MH) services for youths are unlikely to improve without a system of measurement that is administered frequently, is concurrent with treatment, and provides feedback. The system, which is characterized as a measurement feedback system (MFS), should include clinical processes (mediators), contexts, (moderators), outcomes, and feedback to clinicians and supervisors. In spite of the routine call to collect and use outcome data in real world treatment, progress has been painstakingly slow. For example, Garland and colleagues found that even when outcome assessments were required, more than 9-% of the clinicians surveyed used their own judgment and paid little heed to the data. A more recent national survey of MH service organizations serving children and families indicated that almost 75% reported collecting some standardized outcome data. However, just collecting data on an annual basis will not result in improvement." **NOTE: This journal is available for loan or a copy of the article can be requested from the CA State Library.]**

JUVENILE JUSTICE

Building on Strength: Positive Youth Development in Juvenile Justice Programs. By William H. Barton, Indiana University, and Jeffrey A. Butts, Chapin Hall Center for Children at the University of Chicago. (The Center, Chicago, Illinois) 2008. 66 p.

["This report describes the results of an exploratory study of juvenile justice programs where managers and practitioners are attempting to build youth interventions with strength-based, positive youth development principles. Previous researchers have not adequately documented how such reforms take place, let alone whether they produce effective results for youth, families, and communities. When juvenile justice programs attempt to incorporate strength-based, positive youth development approaches in their work with young offenders, they will likely face resistance from their own staff and from key stakeholders. This study suggests that it is possible to implement these approaches in

juvenile justice settings, but more research is needed to substantiate their effects." **NOTE: Contact the CA State Library for electronic copy of this article**.]

Full text at: http://www.chapinhall.org/article_abstract.aspx?ar=1471&L2=62&L3=107

Juvenile Justice. The Future of Children. Vol. 18, No. 2. By Princeton-Brookings. (Princeton-Brookings, Princeton, New Jersey) Fall 2008. 214 p.

["American juvenile justice policy is in a period of transition. After a decade of declining juvenile crime rates, the moral panic that fueled the "get-tough" reforms of the 1990s and early 2000s—reforms that eroded the boundaries between juvenile and criminal court and exposed juvenile offenders to increasingly harsh punishments —has waned. State legislatures across the country have reconsidered punitive statutes they enacted with enthusiasm not so many years ago. What we may be seeing now is a pendulum that has reached its apex and is slowly beginning to swing back toward more moderate policies, as politicians and the public come to regret the high economic costs and ineffectiveness of the punitive reforms and the harshness of the sanctions….

Developmental research clarifies that adolescents, because of their immaturity, should not be deemed as culpable as adults. But they also are not innocent children whose crimes should be excused. The distinction between excuse and mitigation seems straightforward, but it is often misunderstood. In the political arena, as we have suggested, it is often assumed that unless young offenders are subject to adult punishment, they are off the hook—escaping all responsibility. Instead, under the developmental model, youths are held accountable for their crimes but presumptively are subject to more lenient punishment than adults. A justice system grounded in mitigation corresponds to the developmental reality of adolescence and is compatible with the law's commitment to fair punishment."]

Full text at: http://www.futureofchildren.org/usr_doc/Justice_08_02.pdf

POLICIES AND PROCEDURES

Assessing the Effects of Medicaid Documentation Requirements on Health Centers and their Patients: Results of a "Second Wave" Survey. By Lee Rapasch and others, George Washington University, School of Public Health Services. Policy Brief. (The University, Washington, D.C.) October 21, 2008. 16 p.

["This analysis serves as the second wave of a study whose purpose was to assess the effects of the Deficit Reduction Act's ("DRA") citizenship documentation requirements on health centers and their patients. Following a background and a brief discussion of our research methods, we present our findings and conclude with a discussion of the implications of the citizenship documentation requirements for the health of low income patients and communities, as well as the ability of health centers to practice in conformance with recognized standards of quality and access."]

Full text at:
http://www.gwumc.edu/sphhs/departments/healthpolicy/chsrp/downloads/RCHN-MedicaidDoc_10-15-2008.pdf

"Breakdown: We Know how Best to Care for the Mentally Ill. But Most States lack the Political Will to coordinate and Fund Services." By Rob Gurwitt, Staff Correspondent for Governing. IN: Governing, vol. 22, no. 1 (October 2008) pp. 36-42.

[" When a public system issues a cry for help, it often does so in horrific ways….There are stacks of polite studies and the occasional sharply worded report, pleas from advocates and the dogged efforts of a few legislators. But more visible than any of these is abject failure." **NOTE: A copy of this article can be requested from the CA State Library.]**

Coverage for All: Inclusion of Mental Illness and Substance Abuse Disorders in State Healthcare Reform Initiatives. By Mary Giliberti, National Alliance on Mental Illness and others. (The Alliance, Arlington, Virginia) June 2008. 72 p.

["Frustrated by inaction at the federal level to address the growing number of uninsured Americans, states are increasingly moving forward on healthcare reform. Although state initiatives have been the subject of front page news, no one has examined the impact of their programs on people with mental illnesses and substance use disorders.

This analysis by the National Alliance on Mental Illness (NAMI) and the National Council for Community Behavioral Healthcare (National Council) examines benefits for mental illness and substance use disorders for adults in state plans that cover the uninsured. The paper, which is based on research on 18 states' initiatives and proposals, includes important findings on the following topics:
• The scope of the problem
• The history of financing for mental health and substance use treatment
• Analysis of state benefit packages
• Issues for future exploration
• Implications for the future."]

Full text at: http://www.healthcareforuninsured.org/wp-content/uploads/Full.pdf

"How Medicaid Agencies Administer Mental Health Services: Results From a 50-State Survey." By James Verdier and Allison Barrett, Mathematica Policy Research. IN: Psychiatric Services, vol. 59, no. 10 (October 2008) pp.1203-1206.

["This brief report describes some notable variations in how state Medicaid agencies administer and fund Medicaid mental health services. *Methods:* Hour-long telephone interviews were conducted with all state and District of Columbia Medicaid directors or their designees. *Results:* Responses indicated that Medicaid and mental health agencies were located within the same umbrella agency in 28 states, potentially facilitating collaboration. The mental health agency provided funding for some Medicaid mental health services in 32 states, and counties provided such funding in 22 states. Medicaid agencies generally delegated more authority to state mental health agencies in states where some Medicaid funding came from mental health sources and also in states where both agencies were in the same umbrella agency. *Conclusions:* The increasing role of Medicaid in funding state mental health services, combined with new federal limits on Medicaid financing of these services, underscores the importance of interagency collaboration and better alignment of Medicaid and mental health responsibilities."]

Full text at: http://psychservices.psychiatryonline.org/cgi/reprint/59/10/1203

Improving Child Health Care through Federal Policy: An Emerging Opportunity. By Charles Bruner , Child and Family Policy Center, and others. (The Commonwealth Fund, New York, New York) October, 2008. 8 p.

["Policymakers considering the 2009 reauthorization of the State Children's Health Insurance Program (SCHIP) have an opportunity to strengthen federal provisions to promote primary, preventive, and developmental child health care. Several pieces of legislation introduced in 2007 focused on aspects of child health quality, but none placed a specific emphasis on primary care. This issue brief describes three legislative proposals and additional quality provisions related specifically to primary care to consider for incorporation into federal law. These provisions include: 1) establishing a core set of primary child health service outcomes for tracking within Medicaid and SCHIP; 2) creating a structure within the Centers for Medicare and Medicaid Services that focuses on strengthening primary, preventive, and developmental child health services; 3) supporting additional research on child health quality and outcomes in primary care; and 4) providing incentives to states to promote evidence-based practices in children's primary health care."]

Full text at:
http://www.commonwealthfund.org/usr_doc/1172_Bruner_improving_child_hlt_care_through_fed_policy_ib.pdf?section=4039

Related article: A High-Performing System for Well Child Care: A Vision for the Future. (2006)
Full text at: http://www.commonwealthfund.org/usr_doc/Bergman_high-performsyswell-childcare_959.pdf?section=4039

STIGMA

"Implicit and Explicit Stigma of Mental Illness: Links to Clinical Care." By Tara Peris, University of Virginia, and others. IN: Journal of Nervous and Mental Disease, vol. 196, no. 10 (October 2008) pp. 752-760.

["This study examined implicit and explicit measures of bias toward mental illness among people with different levels of mental health training, and investigated the influence of stigma on clinically-relevant decision-making. Participants comprised of mental h3ealth professionals and clinical graduate students, and other health care/social services specialists, undergraduate students and the general public self-reported their attitudes toward people with mental illness, and completed implicit measures to assess mental illness evaluations that exist outside of awareness or, control. In addition, participants predicted patient prognoses and assigned diagnoses after clinical vignettes. Compared with people without mental health training, individuals with mental health training demonstrated more positive implicit and explicit evaluations of people with mental illness. Further, explicit (but not implicit) biases predicted more negative patient prognoses, but implicit (and not explicit) biases predicted over-diagnosis, underscoring the value of using both implicit and explicit measures." **NOTE: This journal is available for loan or a hard copy of the article can be obtained from the CA State Library.**]

Self-Disclosure and Its Impact on Individuals that Receive Mental Health Services. By Iris Hyman, Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services. (The Department, Rockville, Maryland) 2008. 50 p.

["This monograph examines current literature related to self-disclosure and provides the findings from a series of key informant interviews to examine the factors that promote or hinder self-disclosure. Books, articles, and Web sites were analyzed in order to glean key findings and implications regarding the disclosure of mental illness in various arenas.

Some of the questions examined included the following: Why should a person disclose that he or she has received mental health services? What are the advantages and risks of disclosure? What factors facilitate disclosure? Is there a safe way to disclose? What impact does self-disclosure have personally and systemically?

In addition, the monograph also examines techniques used by other individuals and groups who have disclosed private issues to others. For instance, individuals with HIV/AIDS have had significant experience in this area. Individuals who are gay and lesbian have coined the phrase "coming out" to define when they tell others about their sexual orientation. Individuals with disabilities other than mental illness face disclosure issues as well."]

Full text at: http://download.ncadi.samhsa.gov/ken/pdf/SMA08-4337/SelfDisclosure_50p.pdf

Related article: Effects of School-Based Interventions on Mental Health Stigmatization: A Systematic Review. (July 2008)
Full text at: http://www.capmh.com/content/pdf/1753-2000-2-18.pdf

SUICIDE PREVENTION

"An Interactive Web-Based Method of Outreach to College Students at Risk for Suicide." By Ann Haas, American Foundation for Suicide Prevention, and others. IN: Journal of American College Health, vol. 57, no. 1 (July/August 2008) pp. 15-22.

["From 2002 to 2005, the authors tested an interactive, Web-based method to encourage college students at risk for suicide to seek treatment. Methods: The authors invited students at 2 universities to complete an online questionnaire that screened for depression and other suicide risk factors. Respondents received a personalized assessment and were able to communicate anonymously with a clinical counselor online. At-risk students were urged to attend in-person evaluation and treatment. Results: A total of 1,162 students (8% of those invited) completed the screening questionnaire; 981 (84.4%) were designated as at high or moderate risk. Among this group, 190 (19.4%) attended an in person evaluation session with the counselor, and 132 (13.5%) entered treatment. Students who engaged in online dialogues with the counselor were 3 times more likely than were those who did not to come for evaluation and enter treatment. Conclusions: The method has considerable promise for encouraging previously untreated, at-risk college students to get help."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=33525386&site=ehost-live

"Effectiveness of Brief Intervention and Contact for Suicide Attempters: A Randomized Controlled Trial in Five Countries." By Alexandra Fleishman, World Health Organization, and others. IN: Bulletin of the World Health Organization, vol. 86, no. 9 (September 2008) pp. 703-709.

["Objective of this article is to determine whether brief intervention and contact is effective in reducing subsequent suicide mortality among suicide attempters in low and middle-income countries.

Suicide attempters (n = 1867) identified by medical staff in the emergency units of eight collaborating hospitals in five culturally different sites (Campinas, Brazil; Chennai, India;

Colombo, Sri Lanka; Karaj, Islamic Republic of Iran; and Yuncheng, China) participated, from January 2002 to October 2005, in a randomized controlled trial to receive either treatment as usual, or treatment as usual plus brief intervention and contact (BIC), which included patient education and follow-up. Overall, 91% completed the study. The primary study outcome measurement was death from suicide at 18-month follow-up.

Significantly fewer deaths from suicide occurred in the BIC than in the treatment-as-usual group (0.2% versus 2.2%, respectively; X² = 13.83, P < 0.001). Conclusion: This low-cost brief intervention may be an important part of suicide prevention programmes for under resourced low and middle-income countries.]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=34245720&site=ehost-live

"How Academic Psychiatry Can Better Prepare Students for Their Future Patients: Part I: The Failure to Recognize Depression and Risk for *Suicide* in Primary Care; Problem Identification, Responsibility, and Solutions." By Raymond C. Lake, University of Kansas School of Medicine. IN: Behavioral Medicine, vol. 34, no. 3 (Fall 2008) pp. 95-100.

["The author, after a review of the relevant literature, found that depression and the risk for ***suicide*** remain unacceptably under recognized in primary care (PC). The negative consequences are substantial for patients and their physicians. ***Suicide prevention*** in PC begins with the recognition of depression because ***suicide*** occurs largely during depression. In this article (Part I), the author suggests causes, responsibilities, and solutions for that failure. He also addresses the role of academic psychiatry's traditional curriculum. The comprehensive, initial diagnostic interview that is typically taught to medical students in psychiatry may decrease recognition in PC care because of the time required to complete it. In Part II, the author offers guidelines to develop a weekly interview course with an instrument targeting abbreviated diagnostic screening for only the most critical psychiatric problems such as depression and the risk for ***suicide***."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=34585398&site=ehost-live

"Methods of suicide: international suicide patterns derived from the WHO mortality database." By Vladeta Ajdacic-Gross, Psychiatric Hospital, Zurich, Switzerland, and others. IN: Bulletin of the World Health Organization, vol. 86, no. 9 (September 2008) pp. 726-722.

["Accurate information about preferred suicide methods is important for devising strategies and programmes for suicide prevention. Our knowledge of the methods used and their variation across countries and world regions is still limited. The aim of this study was to provide the first comprehensive overview of international patterns of suicide

methods. Methods Data encoded according to the International Classification of Diseases (10th revision) were derived from the WHO mortality database. The classification was used to differentiate suicide methods. Correspondence analysis was used to identify typical patterns of suicide methods in different countries by providing a summary of cross-tabulated data.

Findings Poisoning by pesticide was common in many Asian countries and in Latin America; poisoning by drugs was common in both Nordic countries and the United Kingdom. Hanging was the preferred method of suicide in eastern Europe, as was firearm suicide in the United States and jumping from a high place in cities and urban societies such as Hong Kong Special Administrative Region, China. Correspondence analysis demonstrated a polarization between pesticide suicide and firearm suicide at the expense of traditional methods, such as hanging and jumping from a high place, which lay in between. Conclusion This analysis showed that pesticide suicide and firearm suicide replaced traditional methods in many countries. The observed suicide pattern depended upon the availability of the methods used, in particular the availability of technical means. The present evidence indicates that restricting access to the means of suicide is more urgent and more technically feasible than ever."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=34245715&site=ehost-live

"Recognition of Mental Illness and Suicidality among Individuals with Serious Mental Illness." By Vivian M. Gonzalez, University of Alaska, Anchorage. IN: Journal of Nervous and Mental Disease, vol. 196, no. 10 (October 2008) pp. 727-734.

["This preliminary study investigated the association of insight (defined as a patient's recognition of having a mental illness) with depression and suicidality among individuals with schizophrenia bipolar I disorder and recurrent major depression. Participants completed interviews at 2 time periods, 6-months apart. Individuals who were recognized having a mental illness reported significantly greater depression than those who denied having a mental illness. Recognition of mental illness was significantly related, both retrospectively, with suicidal ideation and attempts. No significant differences were found between the diagnostic groups in these relationships. Although there are many clinical benefits associated with insight, these findings suggest there may possibly be cause for concern in attempting to increase insight among individuals with a serious mental illness. However, current evidence suggests that certain forms of treatment may be beneficial in improving insight, while resulting in a decrease in negative affect, rather than an increase." **NOTE: This journal is available for loan or a hard copy of this article can be obtained from the CA State Library.**]

U.S. Suicide Rate Increases: Largest Increase Seen in Middle Aged White Women. By Johns Hopkins Bloomberg School of Public Health. News Release. (The School, Baltimore, Maryland) October 21, 2008. 1 p.

["The rate of suicide in the United States is increased for the first time in a decade, according to a new report from the **Johns Hopkins Bloomberg School of Public Health's** Center for Injury Research and Policy. The increase in the overall suicide rate between 1999 and 2005 was due primarily to an increase in suicides among whites aged 40-64, with white middle-aged women experiencing the largest annual increase. Whereas the overall suicide rate rose 0.7 percent during this time period, the rate among middle-aged white men rose 2.7 percent annually and 3.9 percent among middle-aged women. By contrast, suicide in blacks decreased significantly over the study's time period, and remained stable among Asian and Native Americans. The results are published online at the website of the American Journal of Preventive Medicine and will be published in the December print edition of the journal." **NOTE: A copy of this article can be obtained from the CA State Library.]**

Full text at:
http://www.jhsph.edu/publichealthnews/press_releases/2008/baker_suicide.html

NEWPODCASTS

Cultural Differences: How Culture can affect Mental Health

http://www.muschealth.com/multimedia/Podcasts/displayPod.aspx?podid=142&autostart=false&groupid=5

Racial Disparities in Mental Health

http://www.muschealth.com/multimedia/Podcasts/displayPod.aspx?podid=141&autostart=false&groupid=5